

# Translating combination HIV prevention for adolescent girls and young women into practice: early lessons from DREAMS in six settings



Natsayi Chimbindi<sup>1</sup> and Isolde Birdthistle<sup>2</sup>, Maryam Shahmanesh<sup>1,3</sup>, Jane Osindo<sup>5</sup>, Phillis Mushati<sup>4</sup>, Kenneth Ondeng'e<sup>6</sup>, Thembelihle Zuma<sup>1</sup>, Tarisai Chiyaka<sup>4</sup>, Nambusi Kyegombe<sup>2</sup>, Joanna Busza<sup>2</sup>, Janet Seeley<sup>1,2</sup>

1 Africa Health Research Institute 2 London School of Hygiene & Tropical Medicine 3 University College London 4 Centre for Sexual Health & HIV/AIDS Research 5 African Population Health Research Center 6 Kenya Medical Research Institute

## 1. Background

- Adolescent girls and young women (AGYW) aged 15-24 years remain at high risk of HIV in sub-Saharan Africa
- ~1 million new infections occurred in East and Southern Africa alone in 2015 [UNAIDS 2016 Prevention Gap Report]
- The 'DREAMS Partnership' promotes an evidence-based multi-sectoral approach to reduce AGYW vulnerability to HIV
- DREAMS uses a combination of interventions – a 'Core Package' – that targets AGYW vulnerability at multiple levels
- Aim:** To describe the initial stages of implementation to document early lessons about how DREAMS is being translated into practice in diverse settings

## 2. Methods

### Study sites:

- Kenya:** 1 rural district in western Kenya; and 2 urban informal settlement areas of Nairobi
- South Africa:** 1 rural district in KwaZulu-Natal
- Zimbabwe:** 2 urban districts

### Data collection methods & sources:

- We used a broad-brush impressionist approach to describe the timing, processes, events and early/preliminary experiences of DREAMS interventions, based on process evaluation methods

### Process evaluation activities (April - August 2017):

- Focus group discussions
- Key informant interviews
- In-depth interviews with DREAMS beneficiaries
- Structured observations
- Documentation review of DREAMS
- Informal discussions to inform implementation
- Tracked the roll-out status of each DREAMS intervention from September 2016

## 3. Findings

### Emerging phases of implementation

All six sites aimed to provide all elements of the DREAMS core package, but how and when DREAMS was implemented differed by context.

5 phases in the roll-out of DREAMS were observed across all sites



### Emerging models of delivering all components of the DREAMS Core Package

- Multiple implementing partners (IPs)** → South Africa and Zimbabwe
  - Established & new to the district
  - Each delivering different interventions in the same area matching their expertise
- One IP per area** → urban informal settlements of Nairobi
  - Delivering all interventions to all target groups in the designated area
- Two IPs working in the same area** → rural district western Kenya
  - Each IP with distinct remits focusing on different age-groups
  - One IP delivering all interventions for adolescent girls (10-14 years) and their families
  - Another IP responsible for young women (15-24 years), their partners and families

| Challenges   | Opportunities   |
|--|---|
| <ul style="list-style-type: none"> <li>DREAMS was 'a big lift' – requiring a huge effort to get it off the ground</li> </ul>   | <ul style="list-style-type: none"> <li>Mobilisation of multiple sectors &amp; organisations to work together</li> <li>DREAMS was well received – AGYW more recognised as a priority group, but boys perceived to be excluded</li> </ul>   |
| <ul style="list-style-type: none"> <li>Ambitious &amp; bold expectations to implement and achieve impact in a quick timeframe</li> <li>Coordinating the multiple components of DREAMS at institutional level</li> <li>'New way of working' proved to be a challenge when there were no existing systems or structures</li> </ul> | <ul style="list-style-type: none"> <li>Creation of momentum and urgency to find solutions to challenges</li> <li>New structures and strategies were used to coordinate multiple implementers which can be strengthened going forward</li> </ul>   |
| <ul style="list-style-type: none"> <li>Delivering all interventions in the DREAMS Core Package in one geographic area</li> </ul>   | <ul style="list-style-type: none"> <li>Expansion of existing HIV services and strengthened health system delivery</li> <li>Introduction (or expansion of availability) of new programs e.g., PrEP, Safe Spaces, community-wide programming</li> <li>Creation of new HIV prevention services where few existed before</li> </ul> |
| <ul style="list-style-type: none"> <li>Layering services in the DREAMS Core Package – at the individual AGYW level</li> </ul>  | <ul style="list-style-type: none"> <li>Better integration of services – with tested models that can be applied to other population groups &amp; services</li> <li>Strengthened screening and referral protocols</li> <li>Formalised linkages between organisations</li> <li>Recognition of high-risk populations</li> </ul>     |
| <ul style="list-style-type: none"> <li>Tracking the layering of services</li> </ul>  | <ul style="list-style-type: none"> <li>Use of a unique ID strengthened ability to monitor DREAMS services</li> </ul>  |



## 4. Lessons learnt

- Overall DREAMS was well received across all sites, although concerns about the exclusion of boys
- Planned phased scale-up with point of reflection and course correction is recommended
- Given the rapid timeline, each site worked with existing services, partners, and systems wherever possible – while adding and adapting new interventions into these structures – and testing new models and ways of working
- Challenges created opportunities for continued, strengthened multi-sectoral programming – particularly for AGYW
- Lessons learnt support the need for continued funding of all or most elements of the DREAMS Core Package, so that the full combination package can be evaluated as intended.

Contact details: [nchimbindi@ahri.org](mailto:nchimbindi@ahri.org)

**Acknowledgements:** The impact evaluation of DREAMS in the six sites is funded by the Bill and Melinda Gates Foundation (OPP1136774, <http://www.gatesfoundation.org>). Foundation staff advised the study team, but did not substantively affect the study design, instruments, interpretation of data, or decision to publish. The research leading to these results has received funding from the People Programme (Marie Curie Actions) of the European Union's seventh Framework Programme FP7/2007-2013 under REA grant agreement n° 612216. Africa Health Research Institute is supported by core funding from the Wellcome Trust [Core grant number(082384/Z/07/Z)]